

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOM COMMITTEE			FEC IDENTIFICATION NUMBER ▼ C C00547984		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee FREEDOM COMMITTEE [MEMO ITEM] Remainder 10678.00			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 05 / 2015		
Mailing Address PO BOX 6936			Amount 373.00		
City Colorado Springs		State CO	Zip Code 80934		Transaction ID : WFT2015851335-1
Purpose of Expenditure Expense from Vanalizm		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYYYY 01 / 29 / 2015	
Name of Federal Candidate Ms. Chisesi M Diane Pres Elect			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>05</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought 2016.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYYYY		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation MM / DD / YYYYYY
Purpose of Expenditure		Category/Type 			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			0.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
USCMR Chisesi Diane Treasurer			[Electronically Filed]		Date MM / DD / YYYYYY 09 / 05 / 2015
Signature					